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CLOSING SCHOOLS AS A MEANS OF CONTROLLING EPIDEMICS.

Closing schools as a means of controlling epidemics of measles, whooping cough, scarlet fever, diphtheria, smallpox, and poliomyelitis should be considered as a last resort to be used only when thorough and systematic application of other measures fails to effect control. As a method it is clumsy, unscientific, and unsatisfactory, for it fails to control and results in the loss of school time and money. The modern method of careful daily inspection of infected schools, isolation of sick children, and quarantine of contacts, is both more effective and economical.

Such is the summary of report made by a committee of the Bureau of Education cooperating with a similar committee of the American Public Health Association. This committee consisted of Dr. W. S. Small, Bureau of Education, chairman; Dr. W. C. Woodward, health officer, Boston; Dr. F. G. Curtis, health officer, Newton, Mass.; Dr. Bernard Kahn, acting director of medical inspection of public schools, Philadelphia; Dr. Taliaferro Clark, United States Public Health Service.

The inquiry of the committee developed that State laws show very few specific statutory references to the matter, rather general authority being vested in an administrative body. The review of literature showed that there has been a progressive abandonment of faith in, and practice of, closing schools as a means of controlling epidemics affecting school children. Such exceptions as were found in the literature related to the following special conditions: Inadequate medical supervision of schools; severity of epidemic that defies all efforts at control; and epidemics in which the etiology of the disease is unknown, such as infantile paralysis, epidemic meningitis, and possibly a few others.

The successful control of epidemic diseases among school children requires—

1. Keeping the schools open, with the possible exception of sparsely settled rural districts when medical inspection can not be obtained and where aggregation takes place only in the schools;
2. Careful daily or frequent periodical inspection of schools;
3. Careful provision for exclusion of cases and contacts, emphasis being placed on clinical data rather than upon fixed periods of exclusion;
4. Systematic home visitation; and
5. Reliance upon natural and physical cleansing rather than upon chemical disinfectants.